

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT **2000**
Calendar Year 2000

DO NOT WRITE OR STAPLE IN THIS SPACE

or other tax year beginning _____, 2000 and ending _____, _____

▶ Check the applicable box: • ☐ Part-Year Resident ☐ Nonresident▶ ☐ Check box if address is new or changed

AMD	UNP	008	PNT	INT	
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PLEASE PRINT • OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code		Spouse's occupation

HAWAII ELECTION CAMPAIGN FUND	Do you want \$2 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$2 to go to the fund?	Yes	No	

RESIDENCY STATUS	If you are a nonresident, in what state or foreign country are you a resident?
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FILING STATUS	1 <input type="checkbox"/> Single (Check only ONE box)
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. •
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ▶
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died •).

EXEMPTIONS	Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 35.			
	6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	Enter number of boxes checked on 6a and 6b ▶ <input type="text"/>	
	6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over	Enter number of your children listed 6c ▶ <input type="text"/>	
	Dependents:		Enter number of other dependents 6d ▶ <input type="text"/>	
	6c and 6d	1. First and last name	2. Dependent's social security number	3. Relationship
	6e	Total number of exemptions claimed		

ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN FOR 2000

	ROUND TO THE NEAREST DOLLAR	Col. A - Total Income		Col. B - Hawaii Income	
INCOME	7 Wages, salaries, tips, etc. (attach Form(s) W-2).....	00	7●		00
	8 Interest income from the worksheet on page 35 of the Instructions.....	00	8●		00
	9 Ordinary dividends	00	9●		00
	10 State income tax refund from the worksheet on page 35 of the Instructions.....	00	10		00
	11 Alimony received.....	00	11		00
	12 Business or farm income or (loss) G.E. I.D. No.	00	12●		00
	13 Capital gain or (loss) from the worksheet on page 35 of the Instructions.....	00	13●		00
	14 Supplemental gains or (losses) (attach Schedule D-1).....	00	14		00
	15 IRA distributions	00	15		00
	16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40)	00	16●		00
	17 Rents, royalties, partnerships, estates, trusts, etc. G.E. I.D. No.	00	17●		00
	18 Unemployment compensation (insurance).	00	18●		00
19 Other income (state nature and source)	00	19●		00	
	20 Add lines 7 through 19..... Total Income ▶	00	20		00
ADJUSTMENTS TO INCOME	21 IRA deduction	00	21		00
	22 Student loan interest deduction from the worksheet on page 39 of the Instructions	00	22		00
	23 Medical savings account deduction	00	23		00
	24 Moving expenses (attach Form N-139)	00	24		00
	25 One-half of self-employment tax	00	25		00
	26 Self-employed health insurance deduction	00	26		00
	27 Self-employed SEP, SIMPLE, and qualified plans	00	27		00
	28 Interest penalty on early withdrawal of savings	00	28		00
	29 Alimony paid (Enter name and SS No. of recipient)	00	29		00
	30 Payments to an individual housing account	00	30●		00
	31 First \$1,750 of military reserve or Hawaii national guard duty pay.....	00	31●		00
	32 Add lines 21 through 31..... Total Adjustments ▶	00	32●		00
AGI	33 Line 20 minus line 32..... Adjusted Gross Income ▶	00	● 33●		00

• ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	34 Hawaii adjusted gross income from line 33, Column B			34		00
	35 Ratio of Hawaii AGI to Total AGI. Divide line 33, Column B, by line 33, Column A (Compute to 3 decimal places and round to 2 decimal places)			35	
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> and see Instructions.					
	36 If you do not itemize deductions, enter zero on line 36g and go to line 37a. Otherwise go to page 19 of the Instructions and enter your Hawaii itemized deductions here.					
	36a	Medical and dental expenses (from Worksheet NR-1 or PY-1)	36a		00	
	36b	Taxes (from Worksheet NR-2 or PY-2)	36b		00	
	36c	Interest expense (from Worksheet NR-3 or PY-3)	36c		00	
	36d	Contributions (from Worksheet NR-4 or PY-4)	36d		00	
	36e	Casualty and theft losses (from Worksheet NR-5 or PY-5)	36e		00	
	36f	Miscellaneous deductions (from Worksheet NR-6 or PY-6)	36f		00	
36g If line 34 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 38 of the Instructions. If not, add lines 36a through 36f. Enter total here and go to line 38..... Total Itemized Deductions ➤			36g		00	
37a If you checked filing status box: <div style="display: flex; justify-content: space-between;"> 1, enter \$1,500 3, enter \$950 </div> <div style="display: flex; justify-content: space-between;"> 2 or 5, enter \$1,900 4, enter \$1,650 </div>			37a		00	
37b Multiply line 37a by the ratio on line 35..... Prorated Standard Deduction ➤			37b		00	
38 Line 34 minus line 36g or 37b, whichever applies. (This line MUST be filled in)			38		00	
39a Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse, and see page 25 of the Instructions			39a		00	
39b Multiply line 39a by the ratio on line 35..... Prorated Exemption(s) ➤			39b		00	
40 Taxable Income. Line 38 minus line 39b (but not less than zero) Taxable Income ➤			40		00	
41 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 38 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet <input type="checkbox"/> (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814)..... Tax ➤			41		00	
TAX PAYMENTS AND CREDITS	42 Total nonrefundable tax credits (attach Schedule CR)			42		00
	43 Line 41 minus line 42 (but not less than zero) Balance ➤			43		00
	44	Hawaii State Income tax withheld and tax withheld on IHA distribution	44		00	
	45	2000 estimated tax payments on Forms N-1 ; N-4 ; N-288A	45		00	
	46	Amount of estimated tax applied from 1999 return	46		00	
	47	Amount paid with extension(s)	47		00	
	48	Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions •	48		00	
	49	Credit for Low-Income Household Renters (attach Schedule X)	49		00	
	50	Credit for Child and Dependent Care Expenses (attach Schedule X)	50		00	
	51	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	51		00	
52	Total refundable tax credits from Schedule CR (attach Schedule CR)	52		00		
53 Add lines 44 through 52..... Total Payments and Credits ➤			53		00	
REFUND OR AMOUNT YOU OWE	54 If line 53 is larger than line 43, enter the amount OVERPAID (line 53 minus line 43)			54		00
	55 Amount of line 54 to be REFUNDED TO YOU Refund ➤			55		00
	56 Amount of line 54 to be applied to your 2001 ESTIMATED TAX 56				00	
	57 If line 43 is larger than line 53, enter the AMOUNT YOU OWE (line 43 minus line 53). Use Form N-200V to send your payment to the Department of Taxation. If you are filing your return late, see page 28 of the Instructions..... Balance Due ➤			57		00
58 Estimated tax penalty. (See page 29 of Instructions.) Also include this amount in line 54 or 57, whichever applies. Check box if Form N-210 is attached <input type="checkbox"/> 58				00		
59 If you would like us to mail you a packet of forms for next year's filing, please check this box..... <input type="checkbox"/>						

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Your signature </div> <div style="width: 45%;"> Spouse's signature (if filing jointly, BOTH must sign) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date</div> <div style="width: 45%;">Date</div> </div>	
	★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 29 of the Instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Paid Preparer's Information	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Preparer's Signature and date Firm's name (or yours if self-employed), Address, and ZIP Code </div> <div style="width: 35%;"> Preparer's identification number Federal E.I. No. ➤ Phone no. ➤ </div> </div>
		Check if self-employed <input type="checkbox"/>